

General Assembly

Raised Bill No. 978

January Session, 2023

LCO No. 3841



Referred to Committee on HUMAN SERVICES

Introduced by: (HS)

AN ACT CONCERNING EXPANSION OF THE COVERED CONNECTICUT PROGRAM.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- Section 1. Section 17b-312 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):
- 3 (a) The Commissioner of Social Services shall seek, in accordance
- 4 with the provisions of section 17b-8 and in consultation with the
- 5 Insurance Commissioner and the Office of Health Strategy established
- 6 under section 19a-754a, a waiver under Section 1115 of the Social
- 7 Security Act, as amended from time to time, to [seek] obtain federal
- 8 funds to support the Covered Connecticut program established under
- 9 section 19a-754c. Upon approval by the Centers for Medicare and
- 10 Medicaid Services, the Commissioner of Social Services shall implement
- 11 the waiver.
- 12 (b) Not later than thirty days after the effective date of this section,
- 13 <u>the commissioner shall amend the waiver submitted in accordance with</u>
- 14 <u>subsection (a) of this section, to the extent permissible under federal law</u>
- and in accordance with section 17b-8, to provide coverage through the

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- 16 Covered Connecticut program to persons otherwise qualified for the
- 17 program whose income does not exceed two hundred per cent of the
- 18 <u>federal poverty level. The commissioner shall consult with the</u>
- 19 <u>Insurance Commissioner and the executive director of the Office of</u>
- 20 Health Strategy in submitting the waiver amendment.

- Sec. 2. (NEW) (Effective from passage) (a) Not later than sixty days after the effective date of this section, the Commissioner of Social Services, in consultation with the Insurance Commissioner and the executive director of the Office of Health Strategy established under section 19a-754a of the general statutes, shall develop a plan for a second tier of the Covered Connecticut program established pursuant to section 19a-574c of the general statutes. The plan shall provide state-assisted health care coverage for persons otherwise qualified for the program whose income exceeds two hundred per cent of the federal poverty level but does not exceed three hundred per cent of the federal poverty level.
- (b) The plan developed pursuant to subsection (a) of this section may include (1) reduced benefits from the Covered Connecticut program, provided such benefits are in accordance with the requirements of the Patient Protection and Affordable Care Act, P.L. 111-148, as amended by the Health Care and Education Reconciliation Act, P.L. 111-152, as both may be amended from time to time, and regulations adopted thereunder, and (2) income-based copayments by enrollees.
- (c) The Commissioner of Social Services shall submit the plan developed in accordance with this section to the joint standing committees of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies, human services and insurance. Not later than thirty days after the date of their receipt of such plan, the joint standing committees shall hold a public hearing on the plan. At the conclusion of a public hearing held in accordance with the provisions of this section, the joint standing committees shall advise the commissioner of their approval, denial or modifications, if any, of the commissioner's plan. If the joint standing committees advise the commissioner of their denial of approval, the

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commissioner shall not implement the plan. If such committees do not concur, the committee chairpersons shall appoint a committee of conference which shall be composed of three members from each joint standing committee. At least one member appointed from each joint standing committee shall be a member of the minority party. The report of the committee of conference shall be made to each joint standing committee, which shall vote to accept or reject the report. The report of the committee of conference may not be amended. If a joint standing committee rejects the report of the committee of conference, that joint standing committee shall notify the commissioner of the rejection and the commissioner's plan shall be deemed approved. If the joint standing committees accept the report, the committee having cognizance of matters relating to appropriations and the budgets of state agencies shall advise the commissioner of their approval, denial or modifications, if any, of the commissioner's plan. If the joint standing committees do not so advise the commissioner during the thirty-day period, the plan shall be deemed denied. Any implementation of the plan developed pursuant to this section shall be in accordance with the approval or modifications, if any, of the joint standing committees of the General Assembly having cognizance of matters relating to appropriations and the budgets of state agencies, human services and insurance.

(d) To the extent permissible under federal law, the commissioner may seek approval of a Medicaid waiver in accordance with section 17b-8 of the general statutes to obtain federal financial participation for the plan developed pursuant to this section.

This act shall take effect as follows and shall amend the following sections:		
Section 1	from passage	17b-312
Sec. 2	from passage	New section

Statement of Purpose:

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To require the Commissioner of Social Services to (1) amend a federal Medicaid waiver program to expand health care coverage to persons whose earnings do not exceed two hundred per cent of the federal

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poverty level, and (2) develop a second tier of such program to cover persons whose earnings are between two hundred per cent and three hundred per cent of the federal poverty level.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]

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